Integrated HIV Prevention and Care Planning: What You Need to Know

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Learning objectives

After this session, participants will be able to:

▪ Describe the five optimal stages of integrated HIV prevention and care planning
▪ Describe at least one best practice for developing Integrated HIV Prevention and Care Plans
▪ Identify at least one resource to help support integrated planning efforts and the development of future Integrated HIV Prevention and Care Plans
About the Integrated HIV/AIDS Planning TA Center

**SUPPORTS**
Ryan White HIV/AIDS Program Parts A & B recipients and planning bodies

**CONDUCTS**
national and targeted training and technical assistance activities

**FOCUSES**
on integrated planning including implementation and monitoring of Integrated HIV Prevention and Care Plans
How Does Integrated Planning Support Other Initiatives?
Understanding the landscape

- Integrated HIV Prevention and Care Planning Guidance (2017-2021)
- National HIV/AIDS Strategy (NHAS) continues to guide all national efforts
- Ending the HIV Epidemic: A Plan for America initiative
  - 10-year national initiative to end HIV in the US
  - The first phase focuses on 57 priority jurisdictions
- State or local initiatives, such as Getting to Zero, Ending the Epidemic, and Fast Track Cities
Delay of Integrated Plan Guidance for 2022-2026

- Guidance for preparation of Integrated HIV Prevention and Care Plans for 2022-2026 has been postponed due to the COVID-19 pandemic
- **June 17, 2020 letter from HRSA and CDC HIV program leaders**
  - Outlines expectations for continued use of existing Integrated Plans
  - Encourages jurisdictions to refine ongoing planning efforts, incorporating Ending the HIV Epidemic planning and community engagement activities
IHAP TAC assistance available to jurisdictions

- Conducting integrated planning activities
- Engaging community in integrated planning efforts
- Aligning Integrated HIV Prevention and Care Plans with other initiatives
- Implementing and monitoring Integrated HIV Prevention and Care Plans
- Optimizing resource allocation methodologies
- Integrating HIV prevention and care within health departments
Why Integrate HIV Prevention and Care Planning?
Why is integrated planning important?

- Fosters new approaches to address barriers to HIV prevention, care, and treatment
- Serves as a jurisdictional roadmap
- Leverages existing resources and improves efficiency and coordination of HIV prevention and care service delivery
- Promotes collaboration and coordination in the use of data for prevention and care program planning, resource allocation, evaluation, and continuous quality improvement efforts
- Establishes ongoing mechanisms for stakeholder engagement
Good practices for integrated planning

- Incorporate mechanisms for ongoing consumer and other stakeholder engagement
- Examine the system of care across the entire HIV care continuum
- Inventory all resources
- Analyze unmet need – determine what is still needed to achieve goals
- Ensure continuous implementation, monitoring, and improvement
What Do We Mean by Integration?
What do we mean by integration? (2)

Integration may occur in multiple domains

- **Planning groups**
- **Specific planning activities** - needs assessment, plan development, resource allocation, etc.
- **Physical integration** of recipient services - co-location of prevention and treatment administration
- **Recipient staff** - staff roles and responsibilities are integrated across prevention and care
- **Procurement** of HIV prevention and care services
How do we measure integration? (3)

- Integration occurs across domains and across a spectrum within the domains
- IHAP TAC developed an instrument to help measure progress toward integration across multiple domains
  - Piloted with eight RWHAP Part A and Part B recipients
  - Revised tool to be included in larger evaluation of integration efforts
  - Will support measurement of integration changes over time
# Integration domains

## Organizational Structure

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>NO INTEGRATION</th>
<th>SOME INTEGRATION</th>
<th>FULL INTEGRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>Staff communicate only when essential</td>
<td>Periodic communication</td>
<td>Staff communicate routinely</td>
</tr>
<tr>
<td>Data sharing</td>
<td>Data are shared only in the aggregate; no data sharing agreements in place for client level data</td>
<td>Data sharing agreements permit information to be shared between state and local health department and other service delivery partners upon request</td>
<td>Comprehensive and bi-directional data sharing agreements facilitate routine linkage, re-engagement, and retention in care</td>
</tr>
<tr>
<td>Organizational structure and leadership</td>
<td>Staff and leadership are organized separately with distinct reporting structures</td>
<td>Staff and leadership are in the same organizational unit</td>
<td>Full integration of staff and leadership using the same reporting structures, teams are integrated</td>
</tr>
</tbody>
</table>
## Integration domains (2)

### Procurement

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Procurement</td>
<td>Procurement of resources occurs separately</td>
<td>Planning underway towards joint procurement</td>
<td>Procurement of resources occurs through an integrated process known as braided funding</td>
</tr>
</tbody>
</table>

### Integration domains (3)

#### Planning

<table>
<thead>
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<th>SOME INTEGRATION</th>
<th>FULL INTEGRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning body structure</td>
<td>Separate planning bodies</td>
<td>Some shared members</td>
<td>One joint planning body</td>
</tr>
<tr>
<td>Decision making/Priority setting</td>
<td>Process is separate across programs</td>
<td>Consult/communicate regarding decision making</td>
<td>Process is shared across HIV care and prevention programs</td>
</tr>
<tr>
<td>Resource allocation</td>
<td>Allocated separately</td>
<td>Some coordination in allocation</td>
<td>One coordinated process for resource allocation</td>
</tr>
<tr>
<td>Planning process for special initiatives</td>
<td>Separate planning processes</td>
<td>Episodic planning</td>
<td>Formal, coordinated planning process</td>
</tr>
</tbody>
</table>
Models of Integrated Planning
Jurisdictions are encouraged to explore different types and levels of integration

- There are multiple approaches to integrated planning depending on what is feasible for jurisdictions
- Determine which model best suits its unique needs
- Recognize integration is an ongoing process
- Levels of integration can be intensified over time
1. Information sharing

- Each planning body informs the other of their work using presentations, reports, webinars, conference calls, and other communication activities.
A representative from the local HIV Prevention Group (HPG) attends the RWHAP Part A planning council/planning body (PC/PB) meeting and provides reports on issues affecting HIV prevention services statewide and nationally.
2. Cross-representation

- One or more members of each planning body serve as members of the other body

Adapted from EGM Consulting resource 'Integrated HIV Prevention-Care Planning Activities'
In action! Cross-representation

- Cross-representation between the Boston RWHAP Part A Planning Council and the RWHAP Part B Massachusetts Integrated Prevention and Care Committee (MIPCC)

Adapted from EGM Consulting resource 'Integrated HIV Prevention-Care Planning Activities'
3. Integrated information gathering and data analysis

- Care and prevention planning bodies engage in data-based collaboration through joint activities:
  - Needs assessment activities
  - Evaluations
  - Consumer input activities (e.g. town-halls, roundtables)
  - Analysis of jurisdictional HIV care continuum data
  - Service planning and strategy development

Adapted from EGM Consulting resource 'Integrated HIV Prevention-Care Planning Activities'
In action! Integrated information gathering

- A joint workgroup with prevention and care representatives designs and implements the needs assessment and develops an epidemiological profile for both the state and the RWHAP Part A jurisdiction
- The HPG participates in the development of the RWHAP Statewide Coordinated Statement of Need
- In 2018, the Ohio RWHAP Part A and Part B recipients and the Ohio Department of Health HIV Prevention Program initiated a multi-year joint statewide needs assessment focused on Ohioans at increased risk for HIV infection and individuals with HIV

Adapted from EGM Consulting resource ‘Integrated HIV Prevention-Care Planning Activities’
4. Integrated committee of a larger planning body

- Standing committee on a larger planning body carries out collaborative planning tasks for both prevention and care

Adapted from EGM Consulting resource ‘Integrated HIV Prevention-Care Planning Activities’
In action! Integrated committee of a larger planning body

- RWHAP Part A PC/PB establishes a standing prevention committee or a joint program committee
- In Houston, the Early Identification of Individuals with HIV/AIDS (EIIHA) workgroup includes members of the Ryan White Planning Council and the Houston Prevention Planning Group, who work together on an EIIHA strategy

Adapted from EGM Consulting resource ‘Integrated HIV Prevention-Care Planning Activities’
5. Unified prevention-care planning body

- Single statewide or RWHAP Part A regional PC/PB responsible for carrying out both prevention and care planning

Adapted from EGM Consulting resource 'Integrated HIV Prevention-Care Planning Activities'
In action! Unified prevention-care planning body

- Advisory body supported by the State Department of Health, which is responsible for conducting care and prevention planning
- Combined prevention and care planning bodies in cities that receive RWHAP Part A funds and those that both do and do not receive direct CDC prevention funds
- St. Louis, San Diego, and Kansas City do not receive direct CDC prevention funds but have been integrated into the work of RWHAP Part B care planning bodies

Adapted from EGM Consulting resource 'Integrated HIV Prevention-Care Planning Activities'
As Ryan White HIV/AIDS Program (RWHAP) Part A and B recipients and CDC Division of HIV/AIDS Prevention (DHAP) funded prevention programs move towards greater integration, their respective planning bodies must find new models of working together.

Below are five examples of integrated prevention and care planning activities: two that emphasize developing joint communication and data sharing activities and three that focus on restructuring the actual composition, membership, or operating policies of planning bodies. While there is no recommended approach for integrated planning for every jurisdiction, there are a number of factors that should be considered when determining the best approach to establishing integrated prevention and care planning in your jurisdiction. These include:

- Resources, including staff time
- Funding sources
- History of collaboration or integration between prevention and care planning bodies
- Leadership, culture, and working style of each planning body in question
- Legislative mandates and planning requirements of each planning body in jurisdiction

INTEGRATED COMMUNICATION AND DATA SHARING ACTIVITIES

The following examples maintain existing planning body structures, but add joint activities and/or protocols for information sharing between existing groups.
Stages of Integrated Planning
Stages of Integrated Planning (2)

STAGE 1
Organize/Prepare

STAGE 2
Prioritize Activities and Develop Plan

STAGE 3
Implement

STAGE 4
Monitor/Improve

STAGE 5
Communicate/Share Progress

Integrated HIV Prevention and Care Planning and Implementation Process
Stage 1: Organize and Prepare
During the organization and preparation stage...

- Foster meaningful stakeholder and community engagement
- Provide orientation and training to prepare staff and community members for plan development processes
- Establish communication strategies to ensure use of clear language, including common definitions
- Develop a committed and diverse planning group
- Encourage cooperation between RWHAP Part A and B planning bodies and any prevention planning groups
Stage 1 activities: Engage stakeholders

- Meaningful engagement of the community from the beginning
  - Provides the foundation for the planning process
  - Enhances coordination, collaboration, and seamless access to services
  - Includes people with personal or professional experience, expertise, and skills in HIV

- HRSA and CDC require HIV planning processes to involve community stakeholders
What is ‘meaningful stakeholder engagement’?

- Is continuous, ongoing, and bidirectional
- Considers the unique needs and challenges in each community
- Seeks input from a wide range of stakeholders and occurs in a variety of venues and formats
- May take us out of our comfort zone to challenge conventional wisdom and encourage innovation
Stage 1 activities: Review existing data and collect new data

- Identify priorities and develop a plan for collecting and analyzing data
  - Review major integrated planning questions that the planning process is intended to answer
  - Determine what types of quantitative and qualitative data are needed to help answer the questions
  - Identify data priorities and gaps in existing data
  - Develop a plan for collecting and analyzing data
  - Gather and review existing data or secondary data
  - Adapt or develop and pilot test new data collection instruments and use to collect new data
  - Review and apply existing data sharing agreements and create new ones as needed
Stage 1 activities: Conduct needs assessment

- Jurisdictions should conduct a needs assessment every three to five years, monitor progress over time, and make annual adjustments as needed.

- Needs assessments include:
  - Epidemiologic profile
  - Resource inventory
  - Profile of provider capacity and capability
  - Estimate and assessment of unmet need
  - Estimate and assessment of people with HIV who are unaware of their status
  - Assessment of gaps in service needs
Stage 1 activities: Review and analyze data

- Identify individuals responsible for data analysis
- Review and analyze data
- Synthesize and format data for PCs/PBs
- Create user-friendly visuals to help stakeholders interpret data
- Create and use HIV care continuum outcome data to highlight prevention and care successes and gaps
In action! Strategies to organize and prepare

- **Orientation and training**
  - Pennsylvania developed orientation materials for Integrated Plan development

- **Communication strategies – get on the same page**
  - Create a common or shared language guide for prevention and care
  - Broward County developed a shared integrated planning lexicon that was vetted and approved by the Integrated Planning team
Glossary of Integrated Planning Terms

March 2018
IHAP TA Center

This resource provides operational definitions of integrated planning terms.

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z

E

Epidemiologic Overview
Also known as: Epi overview, Epi profile

A description of the burden of HIV in the population of an area in terms of sociodemographic, geographic, behavioral, and clinical characteristics of persons newly diagnosed with HIV, PWH, and persons at higher risk for infection.

Source: Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2017-2021+  

F

Financial Inventory
Also known as: Resource inventory

An inventory of the financial resources available in a jurisdiction to meet the HIV prevention, care, and treatment needs of its population as well as resource gaps. The inventory also details the CDC-funded high impact prevention services and the HRSA-
Stage 2: Prioritize Activities and Develop the Plan
Stage 2 activities: Structure plan development process

- Develop realistic timelines that account for plan development, review, and revision
- Reference federal guidance to verify you have all information to draft the required sections
- Concurrently develop a monitoring plan to track progress and successes
- When possible, use technology (e.g. Google docs, Microsoft SharePoint) that allows multiple parties to simultaneously view, edit, and contribute to plan development
Stage 2 activities: Continue engaging stakeholders

- If using an external consultant, ensure that PC/PB members are fully and meaningfully engaged throughout the process
- Consult a range of stakeholders, taking note of diverse communities within a jurisdiction
- Solicit feedback in a variety of venues and formats to accommodate the needs and preferences of community members
  - Consider community involvement burden
  - Geographic (rural vs. urban)
  - When possible, gather feedback remotely (e.g. virtual townhall, online comment submission)
In action! Maryland Engagement

To engage a broader community in the Integrated HIV Prevention and Care Plan development process, Maryland’s planning body sought input from advisory groups, including:

- Five Regional Advisory Committees, the Baltimore Planning Council, the Anne Arundel Commission, and the Baltimore City Commission
- MSM Response Team
- Transgender Response Team
- HIV Perinatal Team
- Maryland Hepatitis Coalition
- STI Community Coalition
Fulton County (Atlanta, GA) and the state of Georgia convened several half-day and day-long community engagement meetings for community members over the course of a year that identified and prioritized innovative HIV prevention, care, and treatment strategies and elicited feedback on HIV planning goals.
Stage 2 activities: Ensure dedicated resources

- Ensure there are sufficient resources and dedicated leadership for plan development, which may include:
  - Key staff members to direct the planning process
  - Dedicated individuals to help manage and interpret the large amounts of data needed for plan development
  - Outside individuals (unaffiliated with any particular HIV program or health department) to facilitate prioritization processes
During the development of an Integrated Plan, the RWHAP Part B recipient expressed appreciation for outside facilitation to keep things on track and to “be the bad guy” when committee members suggested objectives that were outside the scope of the RWHAP or that were not feasible within the state.
Stage 2 activities: Obtain feedback on plan from PC/PB

- Present key information to PC/PB in an open meeting
- Ensure that key stakeholders receive copies or summaries of the plan and have an opportunity to provide feedback to the PC/PB
  - Public comments and feedback may be obtained formally at public hearings or through other venues such as community meetings, advisory committees, and provider forums
- Review and revise the draft plan as needed
- The Integrated HIV Prevention and Care Plan must be reviewed by the full PC/PB resulting in a letter of concurrence, concurrence with reservation(s), or no concurrence
Stage 2 activities: Disseminate plan

- Disseminate final plan to all key stakeholders and establish mechanisms for sharing plan updates and progress towards goals

- In Action! Wisconsin developed an abbreviated version of their Integrated Plan to distill the 130-page plan into 10 pages and a one page At-A-Glance document
### Directory of Integrated HIV Prevention and Care Plans

The directory includes publicly available Integrated HIV Prevention and Care plans, organized alphabetically by state or territory.

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Part B</th>
<th>Part A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated HIV Prevention and Care Plan Alabama Department of Public Health</td>
<td>Alabama</td>
<td></td>
</tr>
<tr>
<td>Alaska Integrated HIV Prevention and Care Plan (2017-2021)</td>
<td>Alaska</td>
<td></td>
</tr>
<tr>
<td>The 2017 to 2021 Integrated HIV Prevention and Care Plan for Arizona</td>
<td>Arizona</td>
<td>Phoenix/Maricopa County EMS</td>
</tr>
<tr>
<td>2017-2021 Integrated HIV Prevention and Care Plan Statewide Coordinated</td>
<td>Arkansas</td>
<td></td>
</tr>
<tr>
<td>Statement of Need (includes Memphis TGA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C C Laying a Foundation for Getting</td>
<td></td>
<td>San Bernardino/ Riverside TGA</td>
</tr>
</tbody>
</table>
Exemplary Plans

- Inventory of strong responses to joint CDC/HRSA guidance
- Not exhaustive
- Inform and guide development or revision of Integrated HIV Prevention and Care Plans
- 161 Exemplary Plan sections reviewed
- 34 sections highlighted

[target@hiv.org/ihap/exemplary-integrated-hiv-prevention-and-care-plan-sections]
Exemplary plans (2)

The Arizona HIV Care Continuum

The Arizona HIV Care Continuum is a tool designed to assist healthcare providers in tracking the progress of individuals living with HIV/AIDS. The Continuum is not only a tool for healthcare providers but also for policymakers, researchers, and advocates to understand and address the challenges faced by individuals living with HIV/AIDS.

The Continuum is divided into several stages, each representing a different level of care and support. These stages include primary care, specialty care, and comprehensive care, among others. Each stage has specific goals and objectives that help guide the development of strategies to improve access to care and support for individuals living with HIV/AIDS.

The Continuum is updated regularly to reflect changes in the HIV/AIDS landscape, including advancements in treatment, new resources, and emerging challenges. This ensures that the Continuum remains a relevant and useful tool for those involved in the HIV/AIDS response.

Exemplary plans (2)
Stage 3: Implement Plan
Stage 3 activities: Document implementation processes

- Develop and document a structure and process that clearly outlines the shared expectations for collaboration between the planning bodies, recipients, and sub-recipients, including roles and responsibilities
  - Include communication protocols to support implementation, and mechanisms to share progress and challenges
  - For activities that require collaboration across programs, describe:
    - Roles and responsibilities of each involved stakeholder to support collaborative activity
    - Decision making process and who will serve as the final decision maker
    - Policies and procedures to implement decisions
Stage 3 activities: Document implementation processes

1. Develop a realistic work plan based on the Integrated HIV Prevention and Care Plan, with detailed tasks, responsible parties, timelines, and measurable outcomes
   - Outline individual roles and responsibilities for assigned tasks and activities

2. Establish processes for reporting and providing regular updates to planning bodies on Integrated Plan activities and tasks
   - Examples of spreadsheets that track progress of metrics available
Stage 3 activities: Implement plan

- Consider developing a list that includes small but important, achievable steps
  - Frame activities as action steps to support goals and objectives
  - Help to generate momentum
  - Provide structure for regular updates to key stakeholders
In action! Arizona’s Plan Tracking Tool

### NORTHERN ARIZONA

#### GOAL 1: INCREASE ACCESS TO CARE AND IMPROVE HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV.

Objective 1: Increase the percentage of people living with HIV who know their serostatus to at least 90%.

#### Strategy 1: Community Engagement

<table>
<thead>
<tr>
<th>Activity</th>
<th>Performance Metric</th>
<th>Lead Program</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1.1.1</td>
<td>Enroll people living with HIV and other stakeholders to become leaders, advocates, planners and key members of the local HIV community.</td>
<td>The number of people recruited for community leadership each year</td>
<td>HIV Statewide Advisory Group</td>
</tr>
<tr>
<td>4.1.1.2</td>
<td>Annually, provide at least one leadership development, advocacy, and other training for HIV community leaders.</td>
<td>At least one training per community each year</td>
<td>HIV Statewide Advisory Group</td>
</tr>
</tbody>
</table>

#### Strategy 2: Prevention, Testing & Linkage to Care

<table>
<thead>
<tr>
<th>Activity</th>
<th>Performance Metric</th>
<th>Lead Program</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2.1.1</td>
<td>Develop and implement activities that support the integration of comprehensive behavioral health services as a routine part of care, including routine HIV/STD/Negatives testing.</td>
<td>The development and implementation of activities</td>
<td>HIV Prevention Program</td>
</tr>
</tbody>
</table>

Visit the website for more information:

[https://targethiv.org/ihap/integrated-plan-tracking-tool](https://targethiv.org/ihap/integrated-plan-tracking-tool)

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**INTEGRATED HIV/AIDS PLANNING**
**TECHNICAL ASSISTANCE CENTER**
Stage 4: Monitor and Improve Plan
Stage 4 activities: Revise monitoring plan

- Update the monitoring plan developed in Stage 2 to ensure effective and responsive tracking of progress and successes
- Include:
  - Measures, data sources, and data collection processes
  - Reporting structures and processes for reporting
Stage 4 activities: Monitor plan implementation

- Monitor and assess implementation of goals, SMART objectives, and projected activities
  - Develop data management plans - include a routine schedule for data updates
  - Assign roles and responsibilities for data collection, management, and reporting
  - Develop reporting mechanisms to receive routine updates from sub-recipients
    - Align reporting with Integrated Plan objectives
    - Ensure format allows data to be combined with other data
  - Conduct ongoing assessments to determine what is working well and where changes may be needed
Stage 4 activities: Share and incorporate feedback

- Update stakeholders on plan implementation
  - Report progress on plan implementation
  - Share data, as well as conclusions gleaned from partner data, in an appropriate format
  - Solicit feedback for plan and program improvements

- Integrate feedback for improvement
  - Update plan to reflect feedback if necessary
Stage 4 activities: Use data to monitor progress

- Use HIV care continuum data and real-time data dashboards to monitor jurisdictional progress in improvements in HIV prevention, care, and service delivery
  - Identify HIV care continuum data and sources
  - Determine schedule/plan to review surveillance, program, and care data
  - Use data to improve and measure changes to specific steps of the HIV care continuum
- Consider quality improvement approaches, such as rapid cycle improvement, to make improvements
Stage 5: Communicate and Share Progress
Stage 5 activities: Share updates and progress

- Provide updates on plan activities and progress to PB/PCs and other stakeholders
- Include successes, challenges, modifications, and lessons learned
- Create a progress report or activity dashboard that is updated and shared regularly according to an established schedule
- Distill the Integrated Plan and its activities into a succinct visual or snapshot to promote or communicate progress
In action! Plan dissemination in Wisconsin

Goals, Objectives, and Strategies

Goal 1: Reduce new infections

Objective 1.1: Increase the percentage of people living with HIV who know their serostatus to at least 90% by 2020.

Objective 1.2: Reduce the number of new diagnoses by at least 25%.

Strategy 1: HIV Testing

Activity 1A: Increase targeted HIV testing of high-risk populations in nonclinical settings.

Activity 1B: Improve engagement of people living with HIV (PLWH) in HIV care.

Activity 1C: Improve linkage to care for PLWH.

Activity 1D: Improve access to HIV care in rural and underserved areas.

Activity 1E: Improve engagement of PLWH in prevention services.

Strategy 2: HIV Partner Services

Activity 2A: Increase linkage to care for HIV-positive partners.

Activity 2B: Increase retention in care for HIV-positive partners.

Activity 2C: Increase engagement of PLWH in prevention services.

Activity 2D: Increase engagement of PLWH in prevention services.

Strategy 3: Pre-Exposure Prophylaxis (PrEP)

Activity 3A: Increase knowledge and awareness of PrEP among PLWH.

Activity 3B: Increase knowledge and awareness of PrEP among healthcare providers.

Activity 3C: Increase knowledge and awareness of PrEP among the general population.

Wisconsin Integrated HIV Plan 2017-2021

2019 Progress Report

INTEGRATED HIV/AIDS PLANNING
TECHNICAL ASSISTANCE CENTER
Integrated HIV Prevention and Care Plan Online Resource Guide

This online resource guide is intended to support Ryan White HIV/AIDS Program (RWHAP) Parts A and B recipients and their planning bodies with the implementation and monitoring of their Integrated HIV Prevention and Care Plans. Included in the guide are resources, tools, and tips to help inform and guide the work of jurisdictions in the process of integrating HIV planning and implementation efforts across prevention, care, and treatment delivery systems.
Additional Resources to Support Integrated Planning
Resource Allocation

Collection of 30 resources for RA including HRSA guidance, tools and job aids, trainings, and reference guides developed by jurisdictions.
Virginia Department of Health Annual Allocations Procedure

July 2018
Author: Virginia Department of Health – Part B
IHAP TAC

DOWNLOAD THIS RESOURCE

This resource outlines the steps the Virginia Department of Health considers when developing their annual resource allocation amounts. This includes all service categories.

Browse for More
Source:
IHAP TAC

We’d like your feedback
Was this page helpful?

- No
- Yes

SUBMIT
Philadelphia HIV Integrated Planning Council Allocation Materials

July 2018
Office of HIV Planning, Philadelphia PA

This document includes all of the financial and service data the Philadelphia EMA Planning Council uses. It allows them to make resource allocation decisions for Part A funds.

The materials include:

- RWHAP service category definitions

Related Resources


We'd like your feedback

Was this page helpful? *
- No
- Yes

Submit
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.

www.targetHIV.org/ihap
Questions?