Integrated HIV Statewide Coordinated Statement of Need (SCSN)/Comprehensive Plan Update

Ryan White HIV/AIDS Program Part B
Administrative Reverse Site Visit

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Health Resources and Services Administration (HRSA)
HIV/AIDS Bureau (HAB)
I. CDC/HRSA Support of Integrated SCSN/HIV Plans

II. Status of Integrated HIV Plans in the U.S.

III. What is Integrated HIV Planning? (and why do it?)

IV. Common Goals for HIV Prevention and Care Planners

V. Barriers to and Benefits of Integrated HIV Planning

VI. Range of Integrated HIV Planning Activities

VII. Next Steps and Resources
In February 2014, the Centers for Disease Control and Prevention (CDC)/Division of HIV/AIDS Prevention (DHAP) and the Health Resources and Services Administration (HRSA)/HIV/AIDS Bureau (HAB) issued a joint letter indicating that guidance will be provided to allow grantees to submit an Integrated HIV Statewide Coordinated Statement of Need (SCSN)/Comprehensive Plan that would fulfill the legislative and programmatic requirements for the Ryan White HIV/AIDS Program (RWHAP) and the HIV Prevention Programs.

The guidance will address the content and structure of the Integrated HIV SCSN/Comprehensive Plan.

The guidance will not address the planning process that grantees use to develop the Integrated HIV SCSN/Comprehensive Plan.
Integrated HIV Care-Prevention Jurisdictional Plans
(September 2014)

Data Source: NASTAD, National HIV Prevention Inventory, Module 3

Integrated HIV Prevention-Care Jurisdiction Plan and/or Recommendations to Address Care Continuum Gaps
More information needed
Separate Prevention and Care Jurisdiction Plan as of September 2014

Atlanta
Chicago
District of Columbia
Los Angeles
New York City
Guam
Philadelphia
San Francisco
CDC/HRSA Letters Supporting Integrated HIV Planning and Plans

• May 22, 2013 Letter *(Integrated HIV Planning)*
  o Encourages planning groups to streamline approaches to HIV planning
  o Supports planning as an important part of developing integrated systems of HIV care and prevention

• February 24, 2014 Letter *(Integrated SCSN/Comprehensive Plan)*
  o Establishes new due date for Integrated HIV SCSN/Comprehensive Plan: **September 2016**
  o Encourages streamlining of HIV care and prevention planning activities and provides examples
Integrated Planning

What is it and how can it contribute to an Integrated HIV SCSN/Comprehensive Plan?

• 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
  • Provide recommendations for and/or allocate resources for interventions and services to address the epidemic
  • Review needs assessments and/or service utilization to further inform recommendations

• May be accomplished through collaboration on joint projects, sharing planning products, sharing members, or totally integrating into one planning body
Why Integrated Planning Activities?

• To develop a coordinated jurisdictional response to HIV

• To avoid duplication of processes

• Many points of intersection and shared knowledge, data and processes (e.g., epidemiological profile, by-laws, nominations, community involvement, address common social and structural determinants of health)

• More economical (i.e., sharing resources)

• Increased collaboration and communication
Why Integrated Planning Activities?

- Prevention and care are increasingly overlapping in both activities and funding
  - In order to coordinate efforts and maximize funding, it is helpful if everyone is at the table

- Fosters integration of prevention into care services

- Allows monitoring of outcomes across the Continuum of Care
Why Integrated Planning Activities?

- Key National Policy Initiatives encourage it:
  - CDC’s *High-Impact Prevention* (HIP) (2011)
  - President’s Executive Order on the Continuum of Care (2013)
  - HHS focus on reducing reporting burden for grantees
    - Improve efficiency and effectiveness of federal programs
Why Care & Treatment Planners Should Pay Attention to Prevention

• New strategies for HIV prevention impact care settings
  o PrEP
  o Treatment = Prevention

• Strategies to encourage knowledge of sero-status

• Facilitate linkages

• Maximize service provider capacity

• Maximize resources for overlapping activities
Why Prevention Planners Should Pay Attention to Care and Treatment

- CDC’s HIP expands counseling, testing and referral (CTR) and partner services

- Strategies for prevention with people living with HIV (PLWH)

- Treatment = prevention

- Provide behavioral interventions in clinical care

- Facilitate linkages

- Maximize service provider capacity

- Maximize resources for overlapping activities
Partnerships and Collaboration

HRSA and CDC expect collaboration, partnering, and coordination in planning and implementation of services between multiple sources of care, prevention, and treatment service providers:

- HIV testing sites
- Non-Ryan White HIV/AIDS Program providers
- All Ryan White HIV/AIDS Program Parts (A, B, C, D, and F)
- Medicaid and Medicare
- Veterans Affairs
- HUD/HOPWA
- SAMHSA, etc.
Common Goals of Prevention and Care

• To ensure that individuals learn their HIV status

• To ensure that people living with HIV are linked to medical care, support services, treatment, and prevention services tailored to meet their particular needs

• To ensure that HIV-negative individuals at increased risk for HIV are linked to prevention and other services that will keep them HIV-negative
• Plans are comprehensive and promote coordination and linkages of services

• Ensure planning reflects the diversity of local epidemic

• Assure meaningful involvement of PLWH in planning processes

• Assess effectiveness of HIV plans and processes
Possible Barriers to Integrated Planning

• Competing agendas (turf issues, mistrust)
• Over-dominance by either care or prevention
• More meetings for members who had only been on one group prior
• Categorical funding/requirements from CDC and HRSA
• Need to establish integrated data systems/sharing agreements
• Transition phase requires initial influx of resources to increase knowledge about care and prevention
Benefits of Integrated Planning

- Allows development of common mission/vision
- Encourages sharing of knowledge and data
- Combines/maximizes limited resources
- Reduces planning costs in the long term
- Creates comprehensive services/encourages linkage of services
- Fosters integration of prevention into care services and *vice versa*
Range of Integrated Planning Activities

• Information Sharing
• Cross Representation
• Joint Information Gathering/Data Analysis
• Other Joint Projects
• Joint Prevention/Care Plan
• Joint Planning Committee
• Unified Prevention/Care Planning Body
Next Steps for Integrated Plans and Planning

• HRSA\HAB and CDC\DHAP will continue to encourage a range of integrated planning activities.

• Jurisdictions should assess the range of activities and determine which are most beneficial and cost effective to implement.

• Guidance on the Integrated HIV SCSN/Comprehensive and Jurisdictional Plans will be released spring 2015.

• Exploration of technical assistance needs and resources.
References

• CDC/HRSA Dear Colleague Program Letters Supporting Integrated Planning and Integrated Plans
  • May 22, 2013 Letter (Supporting Integrated Planning)
  • February 24, 2014 Letter (Supporting Integrated SCSN/Plans)

• National Alliance of State and Territorial AIDS Directors (NASTAD) Integrated HIV Care-Prevention Jurisdictional Plans (as of September 2014) Map, B. Pund, 10/22/2014

• NASTAD HIV Planning Group Models (as of July 2014) Map, B. Pund, 8/26/2014
Resources


Questions?
Comments?
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