

The Integrated HIV/AIDS Planning Technical Assistance Center

Supporting All Your Integrated Planning Needs



NTEGRATED HIV/AIDS PLANNING FECHNICAL ASSISTANCE CENTER



About the Integrated **HIV/AIDS Planning Technical** Assistance **Center** -**IHAP TAC**



SUPPORT

Supports HRSA HAB RWHAP Parts A and B recipients, CDC DHP-funded health department recipients, and their respective HIV planning bodies

FOCUS

Focuses on all stages of integrated planning, including development, implementation, and monitoring of Integrated HIV Prevention and Care Plans.



CONDUCT

Conducts national and individualized training and technical assistance and facilitates peer-to-peer learning

INTEGRATED HIV/AIDS PLANNING TECHNICAL ASSISTANCE CENTER After this session, participants will be able to:

- Describe at least one challenge to operationalizing Integrated HIV Prevention and Care Plans and a potential solution for addressing the challenge
- Describe how participating in IHAP TAC technical assistance activities (TA) can promote lessons learned and enhance integrated planning
- Identify how to access integrated planning resources and tools on TargetHIV.org and to request TA from IHAP TAC



What is integrated planning, and why is it done?

Lay of the integrated planning land

- Plans submitted in December 2022
- Guidance for CY 2022-2026 builds on first Integrated Plan Guidance for CY 2017-2021
- Plans meet all programmatic and legislative requirements associated with CDC and HRSA funding
- Plans are living documents to be reviewed and updated, as needed
- Summary statements (feedback) from CDC and HRSA provided to jurisdictions in May 2023

The case for integrated planning

- Allows health departments and planning groups to submit one plan to lead the implementation of both HIV prevention and care services
- Reduces grant recipient burden and duplicative planning efforts
- Promotes collaboration and coordination around data analysis

The case for integrated planning (continued)

- Requires engagement of a wide range of stakeholders, including people with HIV and people who would benefit from prevention services
- Intended to accelerate progress toward meeting national goals while allowing each jurisdiction to design an HIV services delivery system that reflects its local vision, values, and needs

"In [our jurisdiction], we see the Integrated Plan as a tool for a path forward."

The case for integrated planning (continued)

- 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, priority setting and resource allocation, evaluation, and continuous quality improvement efforts
- Establishes ongoing mechanisms for stakeholder engagement

Approaches to integrated planning

- Approaches depend on jurisdictional needs, feasibility, and the context for planning
- Key factors associated with the approach used:
 - Involvement in the Ending the HIV Epidemic in the U.S. (EHE) initiative
 - Existence of other HIV planning initiatives
 - Type of Integrated Plan submission based on the recipients and jurisdictions involved (state and/or local)
 - Extent to which the jurisdiction is taking a syndemic planning approach
 - Planning body structures
 - Planning infrastructure and existing relationships for community and other stakeholder engagement

Challenges and strategies to address

- Challenge: Ongoing recipient staff turnover and vacancies
 - IHAP TAC audience routinely includes individuals with different levels of understanding and experience with integrated planning
 - Recipients are limited in the time and energy they commit to TA activities

Strategies to address:

- Range of virtual TA options available depending on level of integrated planning familiarity
- TA materials are responsive to different levels of availability
- Events marketed specifically to staff who are "new to integrated planning"
- Tailored TA always available to respond to individualized needs
- IHAP TAC team conducts regular check-ins and "leaves the door open" for TA when recipients are ready to resume activities

Challenges and strategies to address (cont.)

- Challenge: Overlap with EHE planning and implementation, particularly in the seven Southern EHE states
 - Duplication of efforts in some places
 - Continuation of silos in programs, funding, and planning in others

• Strategies to address:

- Collaboration with NASTAD
- Promote peer sharing opportunities
- Focused discussions on aligning multiple planning efforts and activities
- IHAP TAC staff review EHE and Integrated Plan materials
- Tailored TA to respond to individual needs

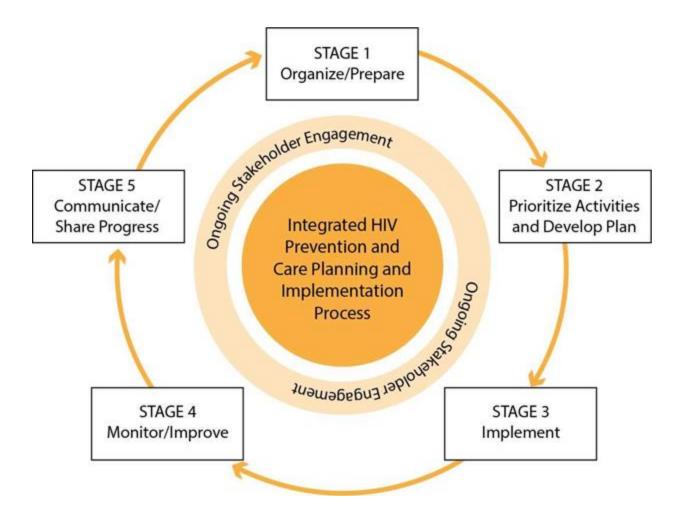
Challenges and strategies to address (continued)

- Challenge: Limited capacity to conduct full community engagement or planning processes during 2022-2027 planning cycle
 - Relied on virtual engagement
 - Shortened planning cycles
- Strategies to address:
 - Emphasis on the cyclical planning process and ongoing community engagement
 - Promote peer sharing opportunities
 - Identification of promising practices and tools across jurisdictions
 - Focused discussions on monitoring, quality improvement, and updating plans
 - Tailored TA to respond to individual needs

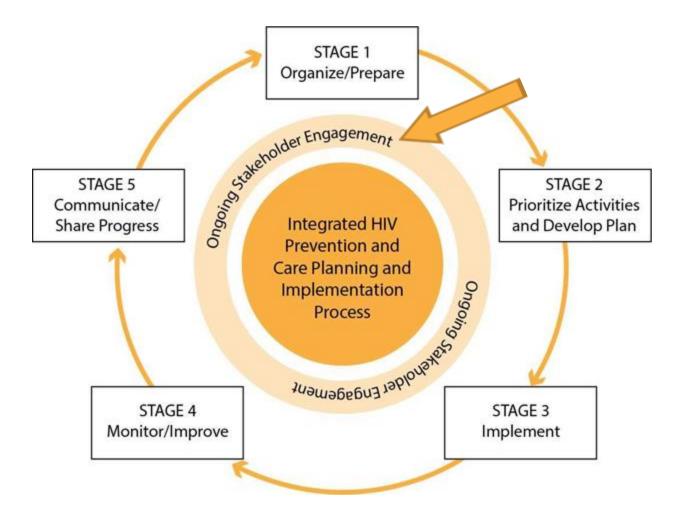
Stages of Integrated Planning



Stages of integrated planning (continued)



Ongoing stakeholder engagement



Ongoing stakeholder engagement (continued)

- Maintain active engagement and involvement from planning bodies, community members, and other stakeholders that participated in the plan development process
 - Demonstrate that you value the expertise and time people are giving - acknowledge their time and investment
 - Close the loop let people know how their input was incorporated and help them see the results of their efforts
 - Do not expect people to always come to you go to them!
 - Assess continued opportunities for virtual participation step up your online presence!

Ongoing stakeholder engagement (continued)

- Develop strategies to identify new stakeholders so you are not always asking the same people to do more of the same
 - Identify who is not at the table
 - Develop recruitment and retention plans to include new voices who reflect the communities most affected by HIV and other related health concerns in your jurisdiction
 - Provide opportunities for short-term input to people unlikely to seek membership in a planning group
 - Leverage other stakeholder groups in the jurisdiction

Stage 1: Organize and prepare

- Key activities include:
 - 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 Part B planning bodies and any prevention planning groups

Stage 2: Prioritize activities and develop the plan

- Key activity: structure plan development process
 - Ensure sufficient resources and dedicated leadership for plan development
 - 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 that allows multiple parties to simultaneously view, edit, and contribute to plan development

Stage 2: Prioritize activities and develop the plan (cont'd)

- Key activity: Continue engaging stakeholders
 - If using an external consultant, ensure that planning council/planning body 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 town hall, online comment submission)

Key themes from the planning process

- Deciding how to coordinate and collaborate with other jurisdictions (e.g., RWHAP Part A and Part B collaboration)
- Determining how to organize Integrated Plan goals and/or objectives (e.g., using the four National HIV/AIDS Strategy [NHAS] goals or the four EHE strategies)
- Taking a syndemic approach by including STIs and viral hepatitis
- Innovating for improved and expanded community engagement
- Being strategic about developing a plan fit for implementation (i.e., not something that sits on the shelf)
- Many are new to the integrated planning process

Stage 3: Implement plan (Part 1)

- Key activity: document implementation process
 - Develop a realistic implementation plan based on the Integrated HIV Prevention and Care Plan submission, including:
 - Roles and responsibilities for planning bodies, recipients, subrecipients, other partners, and stakeholders
 - Timelines
 - Outcomes and data sources for monitoring progress
 - Document protocols to support implementation
 - Decision-making process
 - Communications to report progress and challenges

Stage 3: Implement plan (Part 2)

- Implementation plans should include information on the persons or agencies responsible for:
 - Implementing plan activities
 - Coordinating activities and funding streams
 - Monitoring plan implementation and outcomes
 - Communicating with stakeholders
- The Integrated Plan is a living document ensure activities are actionable and can be monitored

Stage 3: Implement plan (Part 3)

- A multi-year plan can be overwhelming
- 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

Set yourself up for successful implementation

- The Integrated Plan provides an overarching vehicle to coordinate approaches for addressing HIV at the state and local levels
 - Describe how the Integrated Plan meets your community's needs
- Give your jurisdiction credit for the work you are already doing

"Most of you probably all have amazing programs and amazing outcomes and you don't need to necessarily always be reinventing the wheel. Just know that you can put those processes down on paper as part of your plan."

Set yourself up for successful implementation (cont'd)

- Be flexible and embrace the plan as a living document
 - Establish and maintain plans for ongoing community engagement
 - Update the plan, as needed, to address evolving needs and make improvements
- Plan for how you will ensure continuity in the event of staff turnover
 - Specify roles and responsibilities for Integrated Plan activities
 - Provide training to new staff on the integrated planning cycle

Stage 4: Monitor and improve plan

- Key activity: Implement monitoring plan
 - Establish clear monitoring and evaluation processes:
 - Identify baseline data, measures, data sources, and data collection processes
 - Ensure that you can access or collect data to monitor progress
 - Identify clear roles and responsibilities for data collection and reporting
 - Describe plans to coordinate among stakeholders and funding streams
 - Monitor and assess implementation of goals, SMART objectives, and projected activities

Stage 4: Monitor and improve plan (continued)

- Key activity: 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
 - Inform stakeholders how feedback was incorporated

Stage 4: Monitor and improve plan

- Key activity: Use data to monitor progress
 - Use health outcome data and real-time data dashboards to monitor jurisdictional progress in improvements in HIV prevention, care, and service delivery
 - Identify HIV care continuum, health outcome, and prevention 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

Step 4: Monitor and improve plan

Update plan, as necessary

"I look forward to revising the plan annually when we need it and taking pieces of the plan where we know might be insufficient to other community entities beyond those that are giving input right now, to help us flush through some operational details or where we can sort of steer the ship to be as responsive as possible."

Sometimes there's more than one plan...

Planning level

National/federal plans and initiatives (country-wide)

Jurisdictional plans and initiatives (city, county, region, state)

Recipient/grantee plans and initiatives (organization, agency)

Overarching principles (at all levels)

Plans and activities

- National HIV/AIDS Strategy
- EHE Initiative
- STI National Strategic Plan
- Viral Hepatitis National Strategic Plan
- Integrated HIV Prevention and Care Plan
- EHE Plan
- EtE or Getting to Zero Plan
- Fast-Track Cities Initiative
- Cluster and Outbreak Detection and Response Plan
- Hepatitis Elimination Plan
- Ending the Syndemic/Epidemics Plan
- Programmatic applications
- Work plans
- Strategic plans
- Community engagement
- Achieving health equity and reducing disparities
- Focus on priority populations
- Implementing status neutral approaches

Simultaneous implementation of multiple plans

- Distinguish areas of alignment and key differences between plans
- Communicate how other plans contributed to Integrated Plan development and how the jurisdiction views the relationship between plans
- Look for new opportunities for coordination and collaboration
 - Establish a shared vision for implementing, monitoring, and communicating progress across plans
 - Consider combining planning groups or creating liaison positions to represent distinct HIV planning efforts across different groups
- Prioritize transparency and equitable access to data
- Focus on community engagement, priority populations, status neutral approaches, and health equity

Stage 5: Communicate and share progress

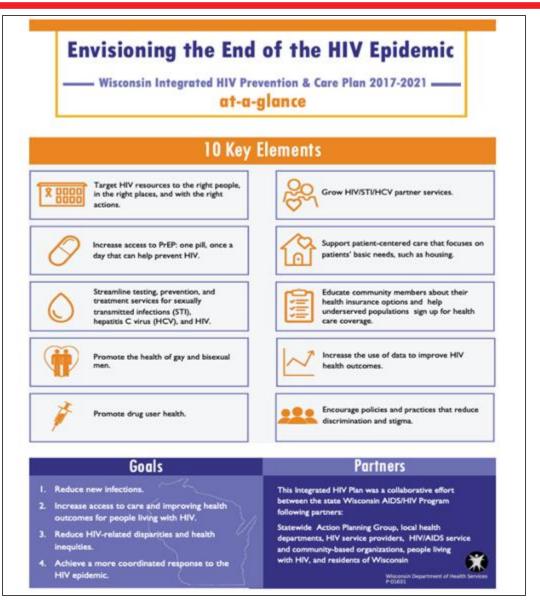
- Key activity: Develop accessible materials for broad audiences
 - Distill the Integrated Plan and its activities into a succinct visual or snapshot to promote or communicate progress

"We're trying to increase the understanding of the role that the Plan has and what will come after it. We're trying to describe that this is our blueprint. This is our path to ending HIV."

Dissemination plans and resources

- Disseminate final plan to all key stakeholders and establish how and when you will share plan updates and progress towards meeting goals
- In Action! For their 2017-2021 Integrated Plan, Wisconsin developed an abbreviated version to distill their 130-page plan into 10 pages and a one page at-a-glance document

Wisconsin Integrated HIV Prevention & Care Plan 2017-2021: at-a-glance



Stage 5: Communicate and share progress

- Key activity: Share updates and progress
 - Provide updates on plan activities and progress to planning groups 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
 - Dashboards and data visualization tools to monitor progress
 - Highlights of updates to the Integrated Plan in response to community feedback and evaluation results

"We had some communication problems the last cycle and we had concurrence with reservations. We understand now that everybody's got to communicate everything on a regular basis and that there's no "need-to-know" basis. **There's no hiding data.**"

In action! Reporting on plan progress in WI



Wiscomun Department of Health Services 1 Division of Public Health 1 HIV Protein

P-02474 (08/2019

Increase access to PrEP: one pill, once a day that can help prevent HIV

About this key element:

PEP is a prescription medication (one pill taken once a day) that can reduce a person's risk of getting HV by over 80%, increasing access to PEP in Watchesin includes growing the number of service provides offening PEP, providing support to help pacelog pay for PEP through servers if handlas assistance programs, increasing PEP advennee, and providing residual follow-up.

Actions taken since the launch of the Integrated Plan:

1. Funded PrEP navigators



2.

In 2018, the Waconsin HW Program provided funding for PKP navigation services for the first time. Six agencies were funded to provide neighbor to assist clients in addressing burriers to accessing PKP. The navigators work with clients to schedule medical apportingents, complete table, and accessing PKP. The navigators work with clients to schedule medical apportingents, complete table, and accessing PKP. The navigators work with clients to schedule medical apport. The six agencies funded are ADS Resource Center, Historian (APCW), University of Wisconsin Health (UW Health), Sinderth Street Community Health Center, Historia Street Clinic, Friedert and Medical College of Wisconsin, and Health Connections (formerly Granter Milacubes Center).

2. Hosted a PrEP summit

The Midwest ADS Training and Education Center-Wisconsin (MATEC-Wi) and the Waconsin HW Program hosted a McP summit in 2018 for about 40 physicians and providers. Attendees learned about raising swareness of and expanding access to McP services.



Future

Plans

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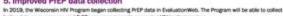
3. Provided PrEP referrals through Walgreens HIV testing program

Since 2018, phermecials providing HIV testing at Walgreens have offered 142 PrtP referrals to clients who test negative. They counsel clients about where to get PrtP and who to contact for more information.

4. Opened new PrEP clinics through partnerships

Between 2017 and 2019, ARCW, Diverse and Resilient, and the Milwaukee Health Department partnered to open new PCP clinics. The new PCP clinics expand access to PCP by othering these services at agencies people are already controllated walling for their sexual neutralit needs.

5. Improved PrEP data collection



better data on awareness and PrEP use among people accessing HW testing services.

Support campaigns and outreach efforts that increase PrEP awareness in communities affected by HV
Train more health care providers to offer PrEP services statewide
Remove barriers so that youth and young adults are able to access PrEP

Develop and host a PrEP Navigator Training in 2019

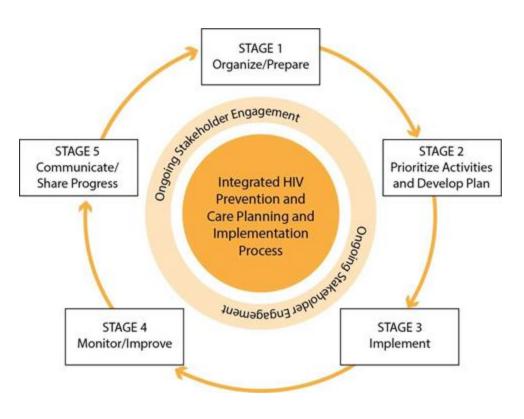
Waconsin HW Integrated Plan 2019 Progress Report | 3

Tips from the field

- Communicate talk with stakeholders, leadership, and evaluators across initiatives to help everyone understand how things at a local level can have an impact on other activities
- Use available resources Many of the same people are at multiple tables; help them understand what resources are available and how to use them
- Understand various funding streams some funding streams supporting other jurisdictional plans may have more flexibility
- Acquire champions within organizations and community to move plans and initiatives along - obtain input from local leadership on efforts moving forward

Reminder: planning is an ongoing process

- Align monitoring, reporting, and communication activities across plans when feasible
- Revise planning tools and processes
- Promote transparency, equitable access to data, and accountability
- Continually engage stakeholders in decision-making



IHAP TAC can help!

- New to Integrated Planning or Need a Refresher?
 - Online Course: An Introduction to HIV Prevention and Care Planning
 - Access at <u>www.targethiv.org/ihap</u>
- Access our resources at our website at <u>www.targethiv.org/ihap</u>
- Contact us at <u>ihaptac@jsi.com</u>
 - Ask questions
 - We can help you find resources or connect with peers
 - Request tailored technical assistance
- Join our mailing list: https://targethiv.org/ihap/subscribe



Thank you!



Questions?

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