

The logo features a large, stylized red graphic element on the left, resembling a thick vertical bar with a horizontal bar extending to the right, forming a partial 'L' shape. The year '2018' is written vertically in light blue text within the vertical bar. To the right of the graphic, the word 'NATIONAL' is written in light blue, uppercase letters. Below 'NATIONAL', the name 'RYAN WHITE' is written in large, bold, white, uppercase letters. Underneath 'RYAN WHITE', the text 'CONFERENCE ON HIV CARE & TREATMENT' is written in light blue, uppercase letters. The entire logo is set against a dark blue background with a thick red horizontal bar at the bottom and a red vertical bar on the left side.

2018 NATIONAL
RYAN WHITE
CONFERENCE ON HIV CARE & TREATMENT

Planning Together: Creating Synergy between Your Jurisdiction's GTZ/ETE Plan and the CDC HRSA Integrated HIV Prevention and Care Plan

- **Molly Tasso^a, Mike Torres^b, and Annette Rockwell^c**

- *^aIntegrated HIV/AIDS Planning TAC Technical Assistance Coordinator, JSI Research & Training Institute, Inc.*
- *^bHealth Program Planning Specialist III, STD/HIV Prevention & Control, County of Santa Clara, Public Health Department*
- *^cInfectious Disease Drug Assistance Program Director, Office of HIV/AIDS, Bureau of Infectious Disease and Laboratory Sciences, Massachusetts Department of Public Health*

IHAP TAC



**INTEGRATED
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IHAP TAC

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.

About the IHAP TAC



3-year project

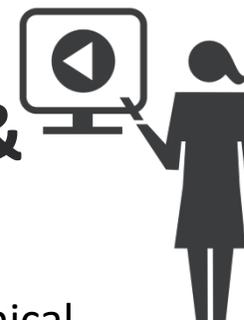
began
July 1, 2016

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

- **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

Workshop Learning Objectives

Following the workshop, participants will be able to:

1. Describe three ways that ETE/GTZ plans and CDC HRSA Integrated HIV Prevention and Care plans are similar and dissimilar.
2. Identify whether the two types of plans might engage different population segments of a jurisdiction and the pros and cons of doing so.
3. Describe two strategies for helping coordinate activities across the two plans to avoid duplication and leverage resources in an effective manner.

Panel Participants

- Molly Tasso, JSI, IHAP TAC
- Mike Torres, Health Planning Specialist III, Department of STD & HIV Prevention and Control, County of Santa Clara, Public Health Department
- Annette Rockwell, Infectious Disease Drug Assistance Program Director, Office of HIV/AIDS, Massachusetts Department of Public Health

Audience Poll (#1)

Do you have an “End the Epidemic/Getting to Zero plan in your jurisdiction?

- Yes
- No
- Unsure

Audience Poll (#2)

Does your jurisdiction have an integrated or joint prevention and care planning body?

- Yes
- Integration currently in progress
- Thinking about it
- No
- Other
- Not applicable

Background: Integrated HIV Prevention and Care Plans and Getting to Zero/Ending the Epidemic Initiatives

Molly Tasso

IHAP TAC



National HIV/AIDS Strategy: 2020 Goals

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

- 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 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.

Development of Integrated Plans

- Each HRSA RWHAP Parts A and B and CDC prevention -funded jurisdiction to participate in the completion and submission of an Integrated HIV Prevention and Care Plan
 - Health departments and HIV Planning Groups responsible for development.
- Guidance provided by HRSA and CDC detailed what content was required to be included in the Plan
 - SMART objectives, activities, strategies, responsible parties, plans for monitoring and improvement.
- Jurisdictions had the option to submit various types of plans

Types of Integrated Plans Submitted

Type of Integrated HIV Prevention and Care Plan <i>(All plans include both prevention and care)</i>	#	%
Total, Integrated Part B-only Plans	37	46%
Part B only (no Part A recipients in state)	29	
Part B only (Part A recipients submitted separately)	8	
Total, Integrated Part A-only Plans	21	26%
Part A only - EMAs	12	
Part A only - TGAs	9	
Total, Integrated Part A/Part B Plans	22	28%
Total Plans Submitted	80	

Getting to Zero/Ending the Epidemic Plans

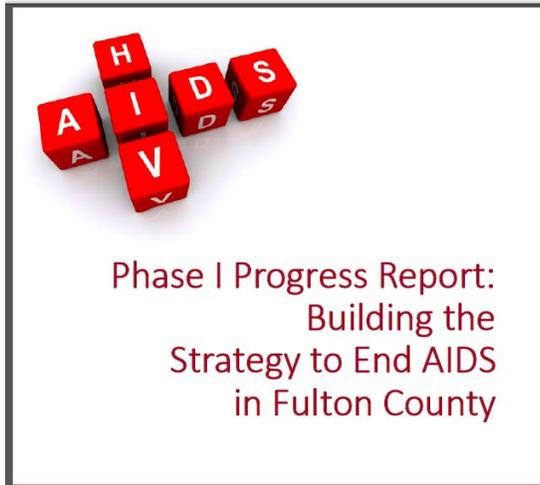
- Plans or initiatives developed in cities, counties, and states outlining strategies to address HIV in their area
 - Collaboratively developed with elected officials, local government entities, service providers, community based organizations and advocates.
 - Supported by various funding streams including private foundations, national organizations, local government or community based organizations (CBOs)
 - Not mandated by HRSA and/or CDC.

Arizona, *Victory Over HIV*

- ‘Wrap-around’ promotional initiative that provides summary of Integrated Plan activities.
- Goals include:
 - Reduce new infections
 - Increase access to care and improve outcomes
 - Reduce gaps and inequities in HIV care
 - Achieve a more coordinated response
- Developed by Arizona HIV Statewide Advisory Group and the Phoenix EMA Ryan White Planning Council.
- Financially supported by AIDS Healthcare Foundation and Phoenix Pride.



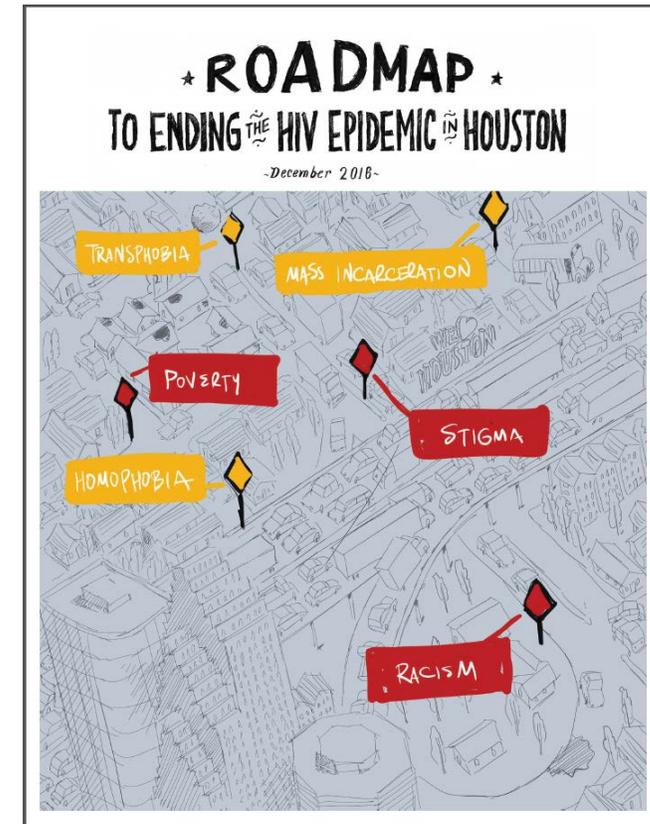
Fulton County, GA, *Strategy to End AIDS in Fulton County*



- Developed by the Task Force on HIV/AIDS for Fulton County.
 - Included County Commissioner appointees, content experts, key stakeholders, and health department officials.
 - Has transitioned to a permanent Policy Advisory Committee.
- Strategy includes various recommendations for policy changes, including adoption of a resolution to make "syringe service exchange a legitimate medical use in Fulton County".
- Strategy is rooted in social justice and civil rights framework and supports activism and advocacy.

Houston, Roadmap to Ending the HIV Epidemic in Houston

- Plan developed by Legacy Community Health, in collaboration with Housing Works, Harvard Center for Health Law & Policy Innovation, and community leaders.
- Funded by Ford Foundation and AIDS United
- Roadmap articulates a set of recommendations that can be adopted/implemented by service providers, community organizations, policy makers.
 - Recommendations developed using an intersectional approach and by viewing the issues with social and racial justice lenses.
- Plan specifically calls for increased financial support from local government.



Pittsburgh, *AIDS Free Pittsburgh*



- Defined as a public health movement collaboratively developed by CBOs, government agencies, and healthcare institution
 - Product is a website with information and resources for providers and consumers
- Strategies include:
 - Normalize HIV Testing
 - Increase Access to PrEP
 - Improve linkage to care
- Goal:
 - Reduce new HIV infections by 75% by the year 2020

**Difference and Similarities
between Integrated HIV
Prevention and Care Plans and
Getting to Zero/Ending the
Epidemic Initiatives**



Differences between Integrated Plans and GTZ/ETE Initiatives

- Structural differences, including content and final product
- Funding sources for plan development and implementation
- Varying levels of political advocacy involved
- Understanding of what ‘ending the epidemic’ means is unique to each jurisdiction and often defined independent of funder or state/federal requirements.
- Development of GTZ/ETE initiatives not required by HRSA/CDC

Similarities between Integrated Plans and the GTZ/ETE Initiatives

- Integrated Plans and GTZ/ETE Initiatives share common goals and objectives
 - Reduce new infections
 - Increase linkage and retention to care
 - Promote PrEP
 - Increase viral suppression

Similarities between Integrated Plans and the GTZ/ETE Initiatives (cont.)

- Plan development and implementation involves varied stakeholders
 - Health departments
 - Service Providers
 - CBOs
 - PLWH
- Both place particular focus on disproportionately impacted populations

Opportunities for alignment and coordination

- Align evaluation metrics and adopt data sharing agreements.
- Combine planning groups, or appoint individuals to serve on both and act as liaison.
- Develop communication processes between the implementation bodies of GTZ/ETE and the Integrated Plan.

Challenges and barriers to alignment

- Overlapping development of GTZ/ETE and Integrated Plan
 - GTZ/ETE initiatives were often adopted before Integrated Plan was developed; now simultaneously being implemented
- Misalignment of activities/goals between GTZ/ETE and Integrated Plan
 - GTZ/ETE includes activities centered on political and social justice changes

Two Initiatives, One Plan:

Silicon Valley-Santa Clara County Getting to Zero and Laying a Foundation for Getting to Zero

Mike Torres

Health Program Planning Specialist III

STD/HIV Prevention & Control

County of Santa Clara, Public Health Department

Santa Clara County
PUBLIC
HEALTH

Overview

- Demographics & HIV in Santa Clara County
- Public Health program structure
- Integrated and GTZ plan development
- Challenges & Successes
- Lessons learned
- Tangible tips

GOAL:

Examine the Santa Clara County Getting to Zero initiative and Santa Clara County HIV Integrated Plan development as a use-case for synergistic strategic planning.

Demographics and HIV in Santa Clara County

San Jose, TGA: Who We Are

Population: 1.9 million

- 33.7% White
- 32.8% Asian/Pacific Islander
- 27.5% Latino
- 2.4% African American
- 3.6% other race/ethnicities

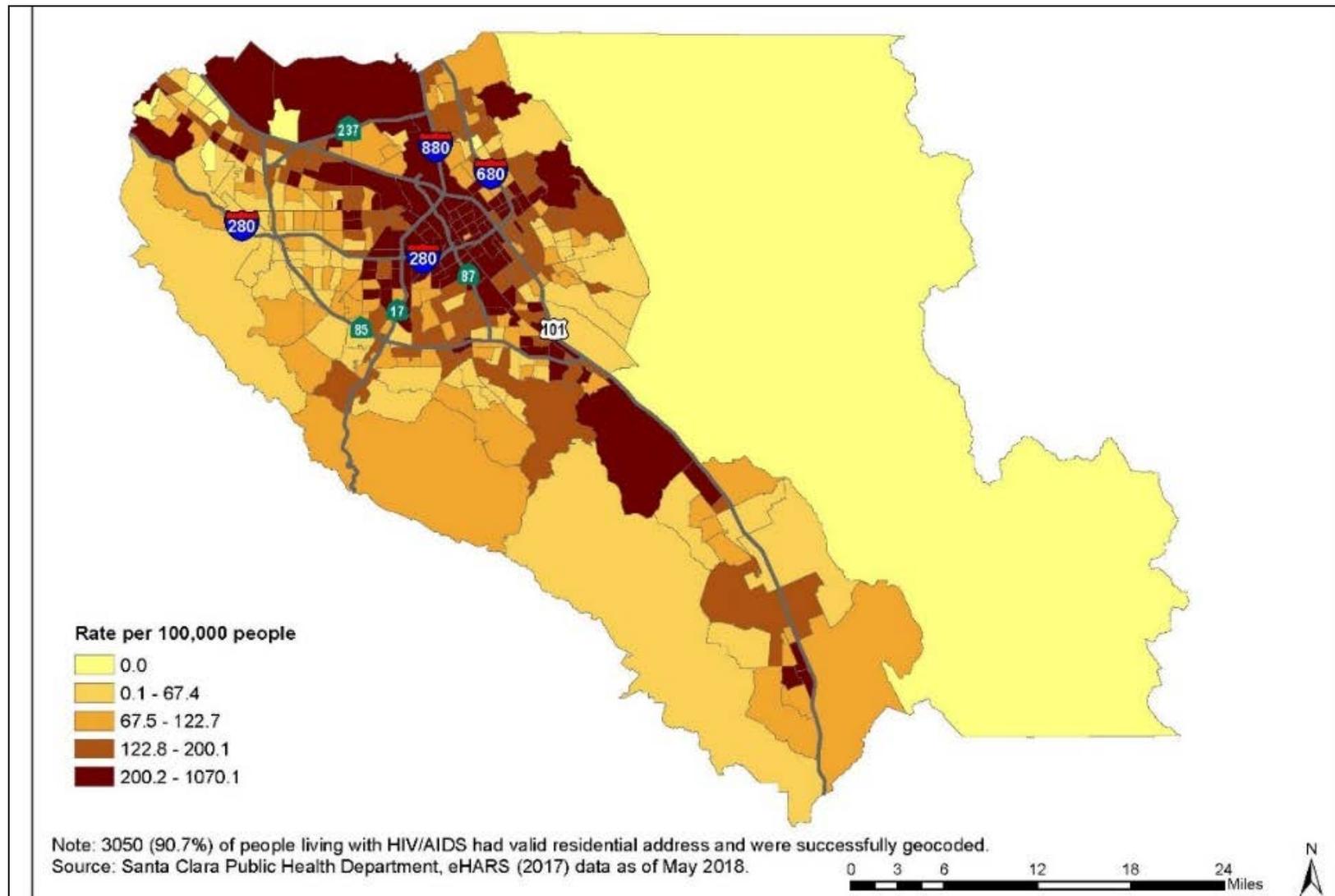
HIV in Santa Clara County

- 3,360* PLWH of that 51% receive at least one RW funded service
- 86% male
- 13% female
- 1% transgender
- 156 new cases (2017)

Source: Santa Clara County Public Health Department, eHARS data as of May 11, 2018 and are provisional

* Based on residency at diagnosis

People Living with HIV/AIDS in Santa Clara County by Census Tracts, 2017



Santa Clara County Public Health Funding for HIV/AIDS Prevention and Care

Care Funding: \$3.6 million

- RWHAP Part A & MAI
- RWHAP Part B & MAI
- Santa Clara County General Fund

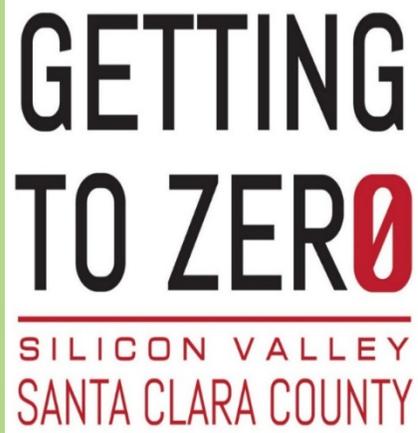
Prevention Funding: \$979,411

- CA Department of Public Health State Office of AIDS
- Santa Clara County General Fund
- STD Local Assistance Grant

Getting to Zero (GTZ)

Santa Clara County-Silicon Valley

- Collaboration between County of Santa Clara Public Health Department (SCCPHD), HIV/AIDS service providers, healthcare organizations, advocacy groups, and other community-based organizations.
- Funded by Santa Clara County Board of Supervisors
- Employs Collective Impact Model of implementation

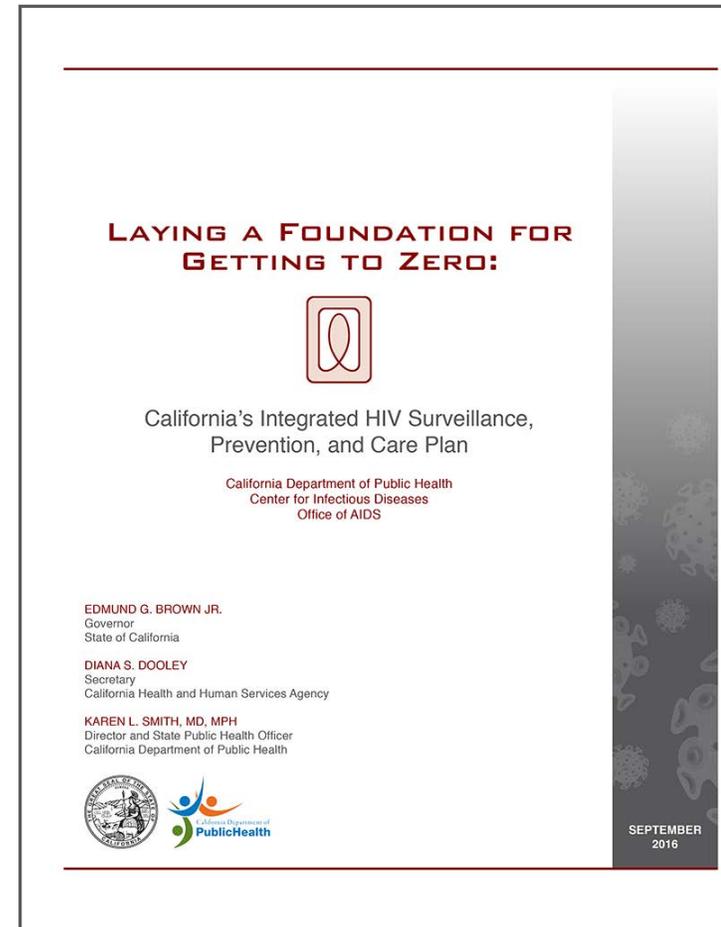


Focuses on:

- PrEP and PEP access
- Stigma reduction
- Guideline-based STI screening & HIV testing
- HIV linkage and retention in care

California's Integrated HIV Surveillance, Prevention, and Care Plan

- California's Integrated HIV Prevention and Care Plan, including Statewide Coordinated Statement of Need
- Submitted by the California Department of Public Health (Office of AIDS)

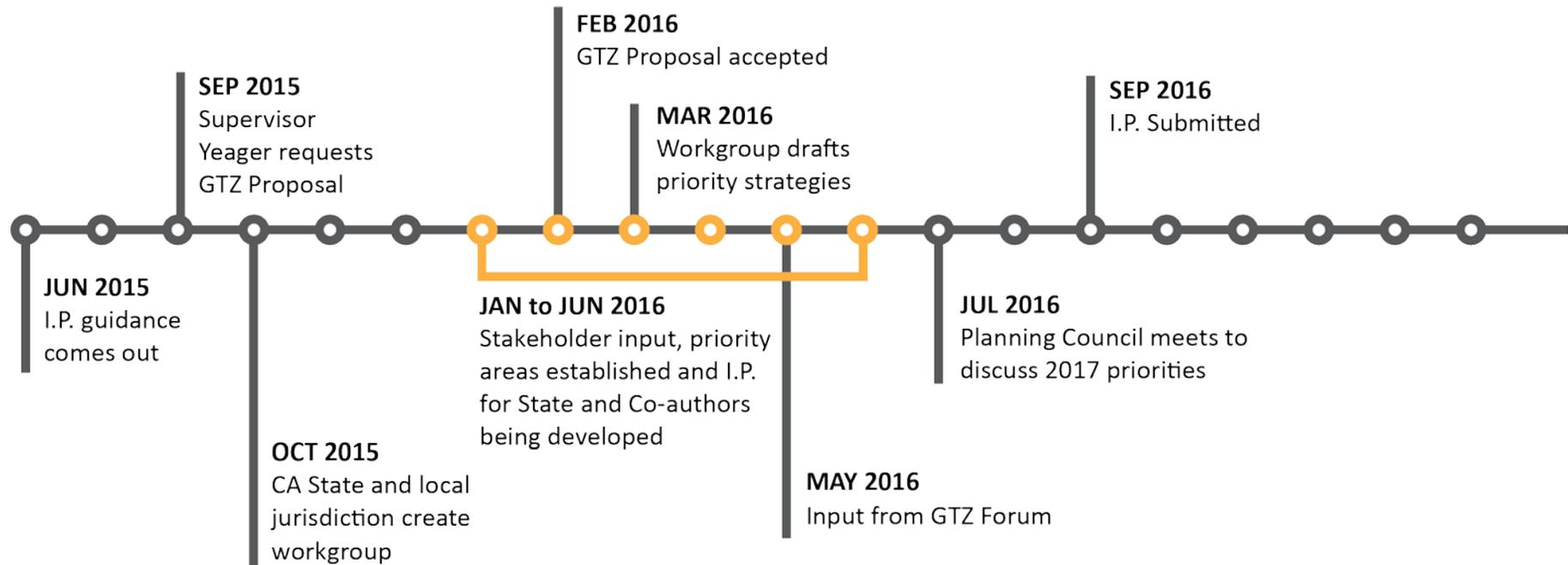


Goals of Aligning Integrated Plan and GTZ Initiative

- Ensure consistency across goals, strategies, and performance measures
- Decrease duplicative work across two initiatives working towards same goal
- Increase collaboration between public health department officials, community members, and stakeholders

Operationalization of Alignment Activities

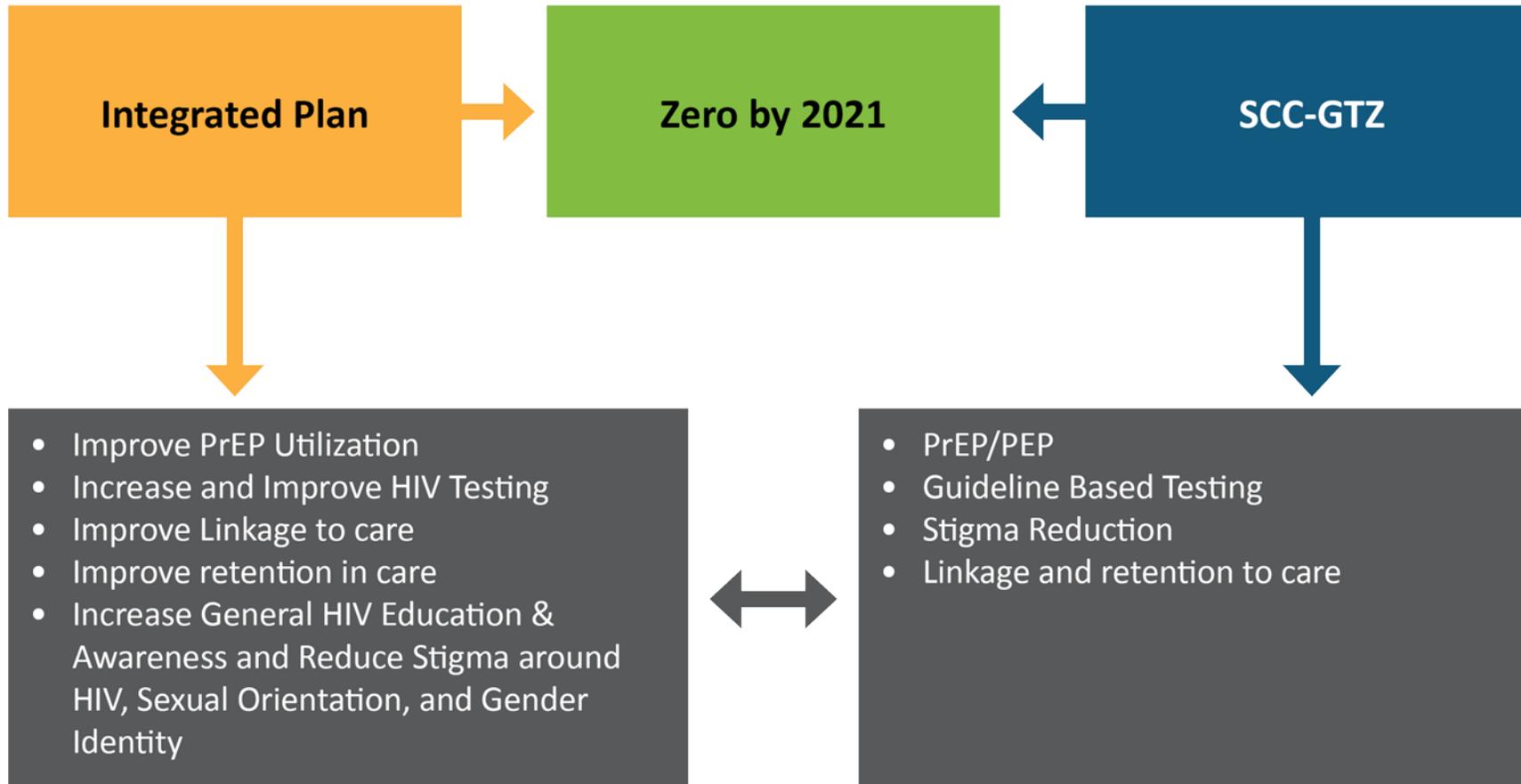
Timeline for GTZ and Integrated Plan



Timeline for GTZ and Integrated Plan (cont.)



Putting It All Together



Successes



Alignment of California Statewide Strategy and GTZ Activities

California Statewide Strategy	Related GTZ Activities Well-established	Related GTZ Activities In progress	Related GTZ Activities Discussions initiated/ Early work
A. Improve PrEP Utilization	Focus of Action Team; PrEP/PEP referral protocol; county PrEP navigator; media campaigns; provider trainings	Expanded PrEP screening in Re-entry program; increasing PrEP providers and access points; increasing access for uninsured patients; peer education projects	
B. Increase and Improve HIV Testing	Focus of Action Team; funding for on-campus HIV testing	Data tracking for HIV tests at community health centers and other care access points; increasing access points for HIV testing	Provider trainings on HIV/STI screening; inclusion of opt-out testing in public health detailing
D. Improve Linkage to Care	Focus of Action Team	Provider outreach and education	Community survey and barriers assessment among community providers (to be initiated in Year 3)

Alignment of California Statewide Strategy and GTZ Activities (cont.)

California Statewide Strategy	Related GTZ Activities Well-established	Related GTZ Activities In progress	Related GTZ Activities Discussions initiated/ Early work
E. Improve Retention in Care	Focus of Action Team; pharmacy assessment and identification of tickler program	Provider outreach and education	Community survey and barriers assessment among community providers (to be initiated in Year 3)
L. Increase General HIV Education & Awareness and Reduce Stigma around HIV, Sexual Orientation, and Gender Identity	Focus of Action Team (stigma reduction); telenovela training of trainers; extensive community outreach and distribution of materials	Condom promotion and distribution; comprehensive sexual education in high schools; distribution of stigma reduction training toolkit; peer education projects	
N. Enhance Collaborations and Community Involvement	Employed a Collective Impact approach; community outreach events; mini grant program	Recruiting more community members and CBOs to take part in GTZ	

Alignment of California Statewide Strategy and GTZ Activities (cont.)

California Statewide Strategy	Related GTZ Activities Well-established	Related GTZ Activities In progress	Related GTZ Activities Discussions initiated/ Early work
O. Further Leverage Existing Resources to Better Meet the Needs of People at Risk for and Living with HIV in California	Mini grant program; funding for on-campus HIV/STI testing; increasing access to PrEP for uninsured individuals	Grant applications for new funding	Funding for health center practice transformation

**Please note: JSI is currently contracted to conduct the evaluation activities of Santa Clara County's Getting to Zero Initiative. Information provided on this slide is from the Year 2 Action Research and Evaluation Report, published in July, 2018.*

Challenges/Barriers

Timeline

- Plans developed simultaneously but by different planning groups

Communication

- Plans developed simultaneously making it difficult to communicate similarities to respective Planning Groups in real-time
- Some stakeholders involved in both planning meetings were unaware of the intersection of initiatives

GTZ Model

- Sustainability of Collective Impact Model unknown

County bureaucracy

- Contract delays

Future Direction

- Continued alignment after GTZ funding ends in 2020
 - Sustainability Planning
- Continued communication and collaboration between GTZ and Integrated Plan partners
- Continue efforts to use data to inform adaptations to programs and strategies
- Consider adoption of Rapid ART Action Team in GTZ initiative

Tangible Tips

- Communicate!
- Utilize available resources
- Understand various funding streams
- Strategic planning
- Acquire Champions!



MASSACHUSETTS

Annette Rockwell
Infectious Disease Drug Assistance
Program Director, Office of HIV/AIDS
Bureau of Infectious Disease and
Laboratory Sciences
Massachusetts Department of Public
Health

Questions



Integrated HIV/AIDS Planning Technical Assistance Center



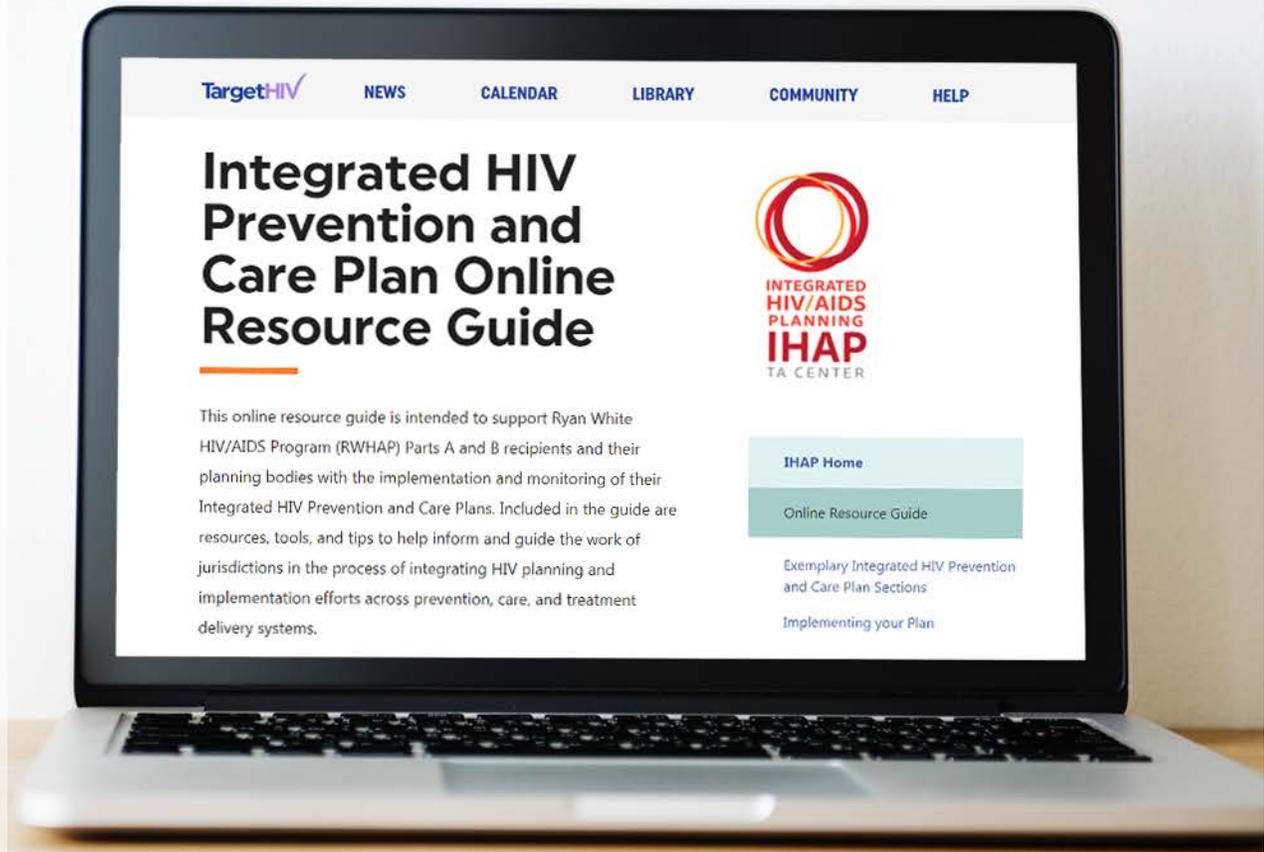
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In June 2015, the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) and the Centers for Disease Control and Prevention (CDC) Division of HIV/AIDS Prevention (DHAP) released the Integrated HIV Prevention and Care Plan Guidance, 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

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!



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Contact us at ihaptac@jsi.com!

Sign up for our mailing list (sign-up sheet in back of session room)

Obtain more information, join our mailing list, request TA or to share your experiences or resources.

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